

106TH CONGRESS
2D SESSION

H. R. 4418

To make various improvements in the military health care system with respect to the TRICARE program.

IN THE HOUSE OF REPRESENTATIVES

MAY 10, 2000

Mr. JONES of North Carolina (for himself, Mr. STENHOLM, and Mr. THUNE) introduced the following bill; which was referred to the Committee on Armed Services

A BILL

To make various improvements in the military health care system with respect to the TRICARE program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “TRICARE Enhance-
5 ment Act of 2000”.

6 **SEC. 2. IMPROVEMENT OF ACCESS TO HEALTH CARE**

7 **UNDER THE TRICARE PROGRAM.**

8 (a) WAIVER OF NONAVAILABILITY STATEMENT OR
9 PREAUTHORIZATION.—In the case of a covered beneficiary
10 under chapter 55 of title 10, United States Code, who is

1 enrolled in TRICARE Standard, the Secretary of Defense
2 may not require with regard to authorized health care
3 services (other than mental health services) under any new
4 contract for the provision of health care services under
5 such chapter that the beneficiary—

6 (1) obtain a nonavailability statement or
7 preauthorization from a military medical treatment
8 facility in order to receive the services from a civilian
9 provider; or

10 (2) obtain a nonavailability statement for care
11 in specialized treatment facilities outside the 200-
12 mile radius of a military medical treatment facility.

13 (b) NOTICE.—The Secretary may require that the
14 covered beneficiary inform the primary care manager of
15 the beneficiary of any health care received from a civilian
16 provider or in a specialized treatment facility.

17 (c) EXCEPTIONS.—Subsection (a) shall not apply if—

18 (1) the Secretary demonstrates significant cost
19 avoidance for specific procedures at the affected
20 military medical treatment facilities;

21 (2) the Secretary determines that a specific
22 procedure must be maintained at the affected mili-
23 tary medical treatment facility to ensure the pro-
24 ficiency levels of the practitioners at the facility; or

1 (3) the lack of nonavailability statement data
2 would significantly interfere with TRICARE con-
3 tract administration.

4 **SEC. 3. IMPROVEMENTS IN MONITORING ACCESS TO CARE.**

5 (a) IN GENERAL.—The Secretary of Defense shall
6 direct—

7 (1) that the Composite Health Care System be
8 used in lieu of the Customer Satisfaction Survey to
9 measure performance of the Department of Defense
10 in scheduling appointments in military medical
11 treatment facilities for covered beneficiaries under
12 TRICARE Prime in compliance with appointment
13 access standards of the TRICARE program;

14 (2) that any necessary modifications be made to
15 the Composite Health Care System in order that ap-
16 propriate access standards are used and standard-
17 ized throughout the military health-care system; and

18 (3) that compliance with the appointment time-
19 liness standards under the TRICARE program in
20 military medical treatment facilities be reported at
21 the individual military medical treatment facility
22 level, the service level, the system wide level, and by
23 various beneficiary categories.

1 (b) REPORT REQUIRED.—Not later than December
2 31, 2000, the Secretary shall submit to Congress a report
3 on efforts to carry out this section.

4 **SEC. 4. EXPANDED ACCESS TO CERTIFIED MENTAL**
5 **HEALTH COUNSELORS.**

6 (a) IN GENERAL.—Section 1079 of title 10, United
7 States Code, is amended—

8 (1) in subsection (a)—

9 (A) in paragraph (8)—

10 (i) by striking “or marital counselors
11 (other than certified marriage and family
12 therapists)” and inserting “marital coun-
13 selors (other than certified marriage and
14 family therapists, or certified mental
15 health counselors)”; and

16 (ii) by inserting “and certified mental
17 health counselors” after “services of cer-
18 tified marriage and family health thera-
19 pists”; and

20 (B) in paragraph (13), by inserting “cer-
21 tified mental health counselor,” after “psycholo-
22 gist,”; and

23 (2) by adding at the end the following:

24 “(p)(1) For purposes of providing substance abuse
25 treatment services to covered beneficiaries under the

1 TRICARE program, the Secretary shall recognize cer-
2 tified professional mental health counselors as qualified
3 mental health providers who are able to prescribe the ap-
4 propriate level and course of treatment for substance
5 abuse disorders.

6 “(2) For purposes of providing mental health evalua-
7 tions of covered beneficiaries under the TRICARE pro-
8 gram, the Secretary shall recognize certified professional
9 mental health counselors as mental health professionals
10 qualified to conduct mental health evaluations.”.

11 (b) APPLICATION OF AMENDMENTS.—The amend-
12 ments made by subsection (a) shall apply with respect to
13 services of a certified mental health counselor provided
14 under section 1079 or 1086 of title 10, United States
15 Code, on or after the date of the enactment of this Act.

16 **SEC. 5. REIMBURSEMENT OF CERTAIN COSTS INCURRED**
17 **BY COVERED BENEFICIARIES REFERRED FOR**
18 **CARE OUTSIDE LOCAL CATCHMENT AREA.**

19 The Secretary of Defense shall require that any new
20 contract for the provision of health care services under the
21 TRICARE program under chapter 55 of title 10, United
22 States Code, shall require that in any case in which a cov-
23 ered beneficiary under such chapter who is enrolled in
24 TRICARE Prime is referred by a network provider or
25 military medical treatment facility to a provider or mili-

1 tary medical treatment facility more than 100 miles out-
2 side the catchment area of a military medical treatment
3 facility because a local provider is not available, the bene-
4 ficiary shall be reimbursed by the network provider or
5 military medical treatment facility making the referral for
6 the cost of personal automobile mileage, to be paid under
7 standard reimbursement rates for Federal employees, or
8 for the cost of air travel in amounts not to exceed standard
9 contract fares for Federal employees.

10 **SEC. 6. REMOVAL OF RESTRICTION REGARDING REIM-**
11 **BURSEMENT CAP.**

12 Section 1097b(a) of title 10, United States Code, is
13 amended by adding at the end the following:

14 “(3) In circumstances in which TRICARE Standard
15 is a secondary payer for health care provided to a covered
16 beneficiary, TRICARE Standard shall provide reimburse-
17 ment to the health care provider in the amount of the dif-
18 ference between the amount paid by the primary insurance
19 provider and the total amount of the charges for the
20 health care provided to the beneficiary, but in no case—

21 “(A) may the total amount paid by TRICARE
22 Standard exceed 115 percent of CHAMPUS max-
23 imum allowable charges; or

24 “(B) may the total amount paid by the primary
25 insurance provider and TRICARE Standard exceed

1 the total amount of the charges for the health care
2 provided.”.

3 **SEC. 7. IMPROVEMENTS WITH RESPECT TO PROVISION OF**
4 **DENTAL CARE.**

5 (a) **EXPANSION OF APPEALS PROCESS.**—The Sec-
6 retary of Defense shall extend the appeals process for res-
7 olution of claims for participating dental care providers
8 under the TRICARE program to non-network providers
9 who provide dental care to covered beneficiaries under
10 chapter 55 of title 10, United States Code, under such
11 program.

12 (b) **DISENROLLMENT PROCESS FOR TRICARE RE-**
13 **TIREE DENTAL PROGRAM.**—(1) With respect to the provi-
14 sion of dental care to military retirees and their depend-
15 ents under chapter 55 of title 10, United States Code, the
16 Secretary of Defense—

17 (A) shall require that a contract with a provider
18 allow for a period of not less than 10 business days,
19 beginning on the date of the submission of an appli-
20 cation for enrollment, during which the enrollee may
21 disenroll;

22 (B) shall provide for limited circumstances
23 under which disenrollment shall be permitted during
24 the 24-month initial enrollment period, without jeop-
25 ardizing the fiscal integrity of the dental program.

1 (2) The circumstances described in paragraph (1)(B)
2 shall include—

3 (A) a case in which a military retiree who is
4 also a Federal employee is assigned to a location
5 overseas which prevents utilization of dental benefits
6 in the United States;

7 (B) a case in which a military retiree or de-
8 pendent provides medical documentation with regard
9 to a diagnosis of a serious or terminal illness which
10 precludes the retiree or dependent from obtaining
11 dental care;

12 (C) a case in which severe financial hardship
13 would result; and

14 (D) any other instances which the Secretary
15 considers appropriate.

16 (3) Initial requests for disenrollment under this sec-
17 tion shall be made to the contractor, and appeals of a deci-
18 sion by the contractor, or policies with respect to the provi-
19 sion of dental care to retirees and their dependents under
20 the TRICARE program shall, at the request of the bene-
21 ficiary, be referred by the contractor (including all rel-
22 evant information collected by the contractor) to the
23 TRICARE Management Activity.

1 **SEC. 8. REPORTS REQUIRED.**

2 (a) **REPORT ON REIMBURSEMENT RATES.**—Not later
3 than February 1, 2001, the Secretary of Defense shall
4 submit to Congress a report on the use of authority under
5 section 1097b of title 10, United States Code, to provide
6 reimbursement to health care providers at rates higher
7 than otherwise authorized, but not exceeding an amount
8 equal to 115 percent of CHAMPUS maximum allowable
9 charges. The report shall include—

10 (1) a description of the rate and incidence of
11 the use of such authority, the locations with respect
12 to which the authority was exercised, and the proce-
13 dures for which the authority was exercised; and

14 (2) an analysis of the adequacy of such author-
15 ity to improve efficiency in the provision of health
16 care services under the TRICARE program network,
17 particularly with respect to rural and remote areas.

18 (b) **REPORT ON COMPARISON OF RATES CHARGED**
19 **FOR MEDICAL PROCEDURES.**—Not later than February 1,
20 2001, the Secretary of Defense shall submit to Congress
21 a study on how the maximum allowable rates charged for
22 the 100 most commonly performed medical procedures
23 under the Civilian Health and Medical Program of the
24 Uniformed Services and Medicare compare with usual and
25 customary commercial insurance rates for such procedures
26 in each TRICARE Prime catchment area.

1 (c) REPORT ON MANDATORY REIMBURSEMENT
2 FLOOR.—Not later than February 1, 2001, the Comp-
3 troller General shall submit to Congress a report providing
4 an analysis of whether the use of a mandatory floor of
5 70 percent of usual and customary rates for reimburse-
6 ment to health care providers under the TRICARE pro-
7 gram, rather than a ceiling of an amount equal to 115
8 percent of CHAMPUS maximum allowable charges, would
9 assist in providing a more robust health care network.

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